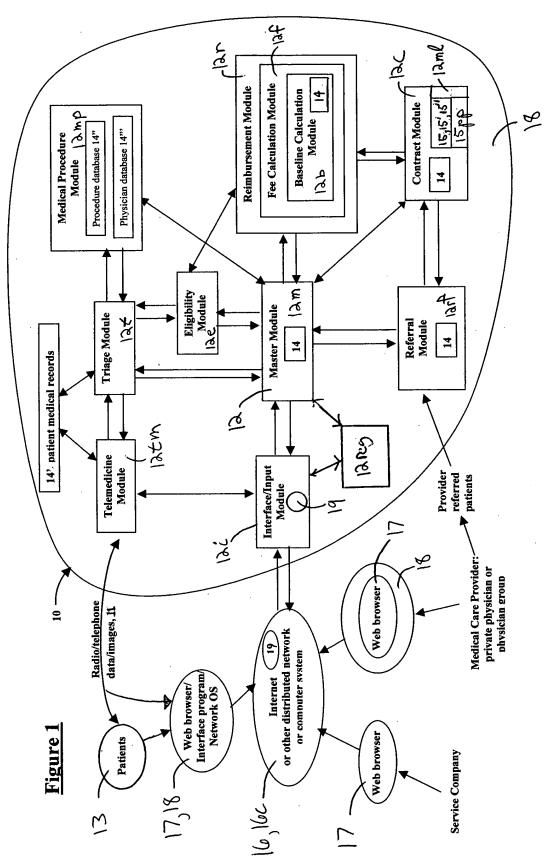
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FIGURE 2a

15¹¹5', 15, 15cl

12,12c

CONTRACT PROTOCOL 1. PRE-AUTHORIZATION AND PAYMENT AGREEMENT 1 is signed by the Patient, Insurer and the Surgeon and an AUTHORIZATION FORM is approved by the <u>Surgeon</u> and <u>Insurer</u>: This protocol is used when a GENERAL TERMS AND CONDITIONS AGREEMENT has <u>not</u> been signed by either the Insurer or the Surgeon.

CONTRACT PROTOCOL 2. PRE-AUTHORIZATION AND PAYMENT AGREEMENT 2 is signed by both the Patient and Surgeon when a GENERAL TERMS AND CONDITIONS AGREEMENT has been signed by the Participant Insurer and an AUTHORIZATION FORM has been approved by the Participant Insurer. This protocol is used when a GENERAL TERMS AND CONDITIONS AGREEMENT has not been signed by the Non-Participant Surgeon.

CONTRACT PROTOCOL 3. PRE-AUTHORIZATION AND PAYMENT AGREEMENT 3 is signed by both the Patient and Insurer when a GENERAL TERMS AND CONDITIONS AGREEMENT has been signed by the Participant Surgeon and an AUTHORIZATION FORM has been approved by the Participant Surgeon. This protocol is used when a GENERAL TERMS AND CONDITIONS AGREEMENT has not been signed by the Non-Participant Insurer.

CONTRACT PROTOCOL 4. PRE-AUTHORIZATION AND PAYMENT AGREEMENT 4 is signed by the Patient when a GENERAL TERMS AND CONDITIONS AGREEMENT has been signed by the <u>Participant Insurer</u> and the <u>Participant Surgeon</u> and an AUTHORIZATION FORM has been approved by both the <u>Surgeon</u> and <u>Insurer</u>. This protocol is the most efficient protocol when GENERAL TERMS AND CONDITIONS AGREEMENTS are enforceable between The SC, the Surgeon and the Insurer.

<u>FACILITY NF.</u> PRE-AUTHORIZATION AND PAYMENT AGREEMENTS are utilized with a non-SC Participating Facility*. These contracts are adopted from protocols 1-4 and are used when a patient chooses a facility that has not signed the PREFERRED PROVIDER AGREEMENT. However, the Non-Participant Facility must be a contracted facility with the Insurer.

Ex: code: 3.NF represents the appropriate set of contracts for a patient with a participant payor and a non-participant surgeon in which surgery is to be performed at a non-participant facility.

FACILITY F. PRE-AUTHORIZATION AND PAYMENT AGREEMENTS are utilized with a SC Participating Facility. These contracts are adapted from protocols 1-4 and are used when a patient chooses a <u>facility that has signed the PREFERRED PROVIDER AGREEMENT</u> which is also a contracted facility with the Insurer.

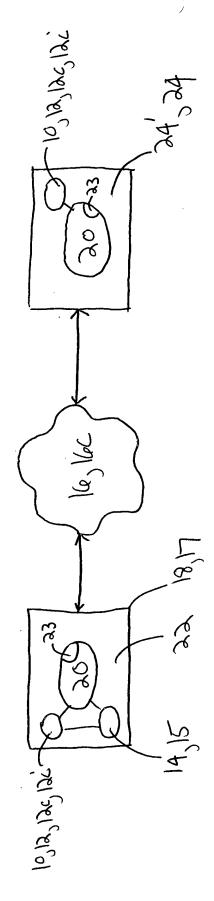
Ex: code 4.F represents the appropriate set of contracts for a patient with a participant payor and surgeon in which surgery is to be performed at an SC participant facility.

*(h) [Use only if Facility has <u>not</u> signed a Preferred Provider Agreement with SC.] Facility Fee. Payor agrees that it will pay the "in network," participating provider fee to the hospital or ambulatory surgery center ("ASC") where the surgical procedure(s) set forth in Exhibit "A" is performed. Payor represents and warrants that the hospital or ASC where the surgical procedure(s) is to be performed is a contracting, participating provider with Payor. Payor shall take whatever steps are necessary to ensure that the hospital or ASC treats Patient as being "in network" and charges Patient no more than the "in network" deducible and copayment amounts with respect to facility fees

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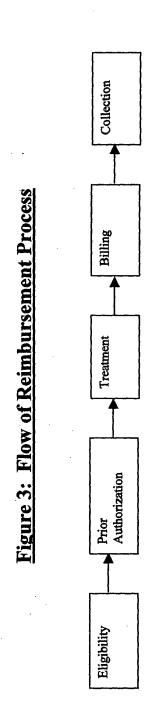
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FIGURE 26



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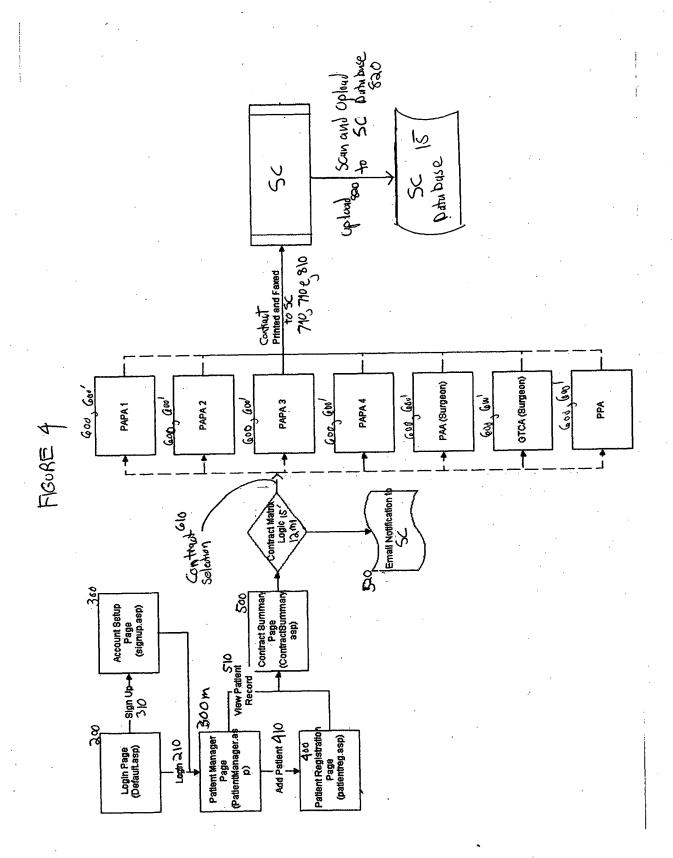
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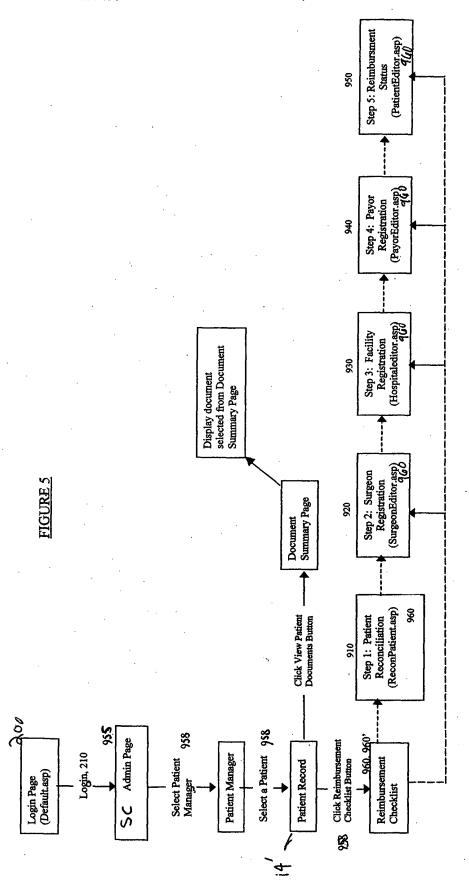
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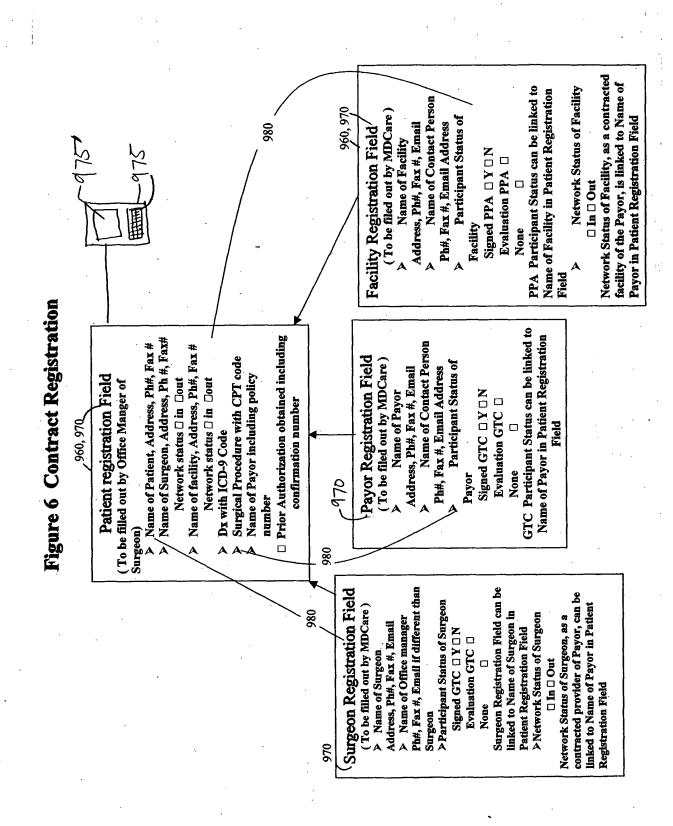
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